

June 3, 2019

Seema Verma, Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1716-P
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, Maryland 21244-1850

Re: Fiscal Year 2020 Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals

Dear Administrator Verma:

I am writing to comment on the FY 2020 Hospital Inpatient Prospective Payment Systems (IPPS) Proposed Rule. I am concerned that the proposed rule would significantly reduce the payment rate for treatment of critically ill cardiovascular patients who require circulatory support in DRG 215. The proposed reduction is a 29 percent decrease in payment from last year and 43 percent decrease over the past 3 years. Such a drastic decrease in payment rate would challenge our hospital's ability to appropriately manage these critically ill patients. The possible compromise of access to care of this vulnerable population would poorly serve our patients.

Our practice uses heart pumps to treat some of our most critically ill patients. We use Percutaneous Ventricular Assist Devices (pVADs; including Impella, Tandem Heart and percutaneous ECMO) for the treatment of heart attacks that deteriorate into cardiogenic shock with the goal of promoting heart recovery along with revascularization. We also use pVADs for stabilization of patients with compromised or likely compromised left ventricular function during high-risk coronary procedures for patients who cannot be treated or at of extreme risk for surgical procedures. In addition, many of these patients have no other option besides supported percutaneous procedures. These high intensity procedures require our practice to expend significant resources.

The FY 2020 proposed payment for DRG 215 does not accurately reflect the cost of care for treating these patients as the cost data being employed is missing hospital resources related to

insertion codes on significant medical devices as well as the cost associated with the purchase of those devices. 22 percent of hospitals did not charge for the cost of the pVAD, which is a significant contributor to the cost of these critically ill patients. In the data used for the FY 2020 rule making, my own institution, New York Presbyterian (provider ID 330101) is not billing for the cost of the device properly. Today, we are working to correct this and ensure that we capture the full cost of care going forward.

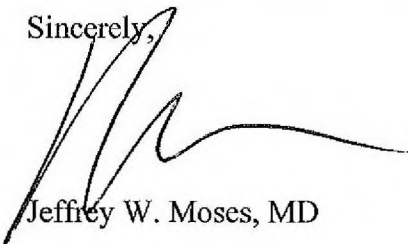
Last year, I provided a comment on DRG 215 and the FY 2019 proposed cut; this reduction was due to the patient population expected to shift into 215 and the severity of illness I would expect these patients to represent given the coding changes for ICD-10 as well as the additional FDA indications for Impella devices.

In the FY2019 Final Rule, CMS implemented a hold-harmless transition period for DRG 215 which has allowed our hospital to maintain access to all heart assist devices. I believe absent any change to the FY 2020 proposed rule, the weighted payment rate for these procedures will create significant financial challenges for managing patients with advanced cardiovascular disease.

I ask that you consider maintaining the FY19 payment level of DRG 215 into FY20.

I appreciate your attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jeffrey W. Moses', with a long horizontal flourish extending to the right.

Jeffrey W. Moses, MD